

UTILITY

Original U.S. or PCT D/O

DECLARATION, POWER OF ATTORNEY AND POWER TO INSPECT

As a below named inventor, I hereby declare:

that my residence, post office address and citizenship are as stated below next to my name;

that I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the invention entitled: **MODULATING PRODUCTION OF PNEUMOCOCCAL CAPSULAR POLYSACCHARIDE**

the specification of which [check one(s) applicable]

X was filed March 16, 2001 as International Application No. PCT/US01/08442 on which U.S. Patent Application No. 09/831,184 is based.

_____ and was amended by Amendment filed _____ (if applicable); [or];
_____ is attached to this Declaration, Power of Attorney and Power to Inspect;

that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above; and that I acknowledge my duty to disclose information which is material to the examination of this application in accordance with Rule 56 (a) [37 C.F.R. §1.56(a)].

CLAIM UNDER 35 USC §119(e): I hereby claim the benefit under 35 USC §119(e) of any United States provisional applications listed below:

Provisional Application No.Filing Date
Day/Mo/Year

60/189,847

16 March 2000

POWER OF ATTORNEY: As inventor, I hereby appoint **DANN, DORFMAN, HERRELL AND SKILLMAN, P.C.** of Philadelphia, PA, and the following individual(s) as my attorneys or agents with full power of substitution to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: **Kathleen D. Rigaut, Ph.D., J.D. Reg. No. 43,047; Maria Kourtakis, Esq. Reg. No. 41, 126 and Patrick J. Hagan, Esq. Reg. No. 27,643**

POWER TO INSPECT: I hereby give **DANN, DORFMAN, HERRELL AND SKILLMAN, P.C.** of Philadelphia, PA or its duly accredited representatives power to inspect and obtain copies of the papers on file relating to this application.

SEND CORRESPONDENCE TO: CUSTOMER NUMBER 000110.

DIRECT INQUIRIES TO: Telephone: (215) 563-4100
Facsimile: (215) 563-4044

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SOLE OR FIRST JOINT INVENTOR

SECOND JOINT INVENTOR (IF ANY)

Full Name Jeffrey N. Weiser
First Middle Last

Full Name _____
First Middle Last

Signature Jeffrey N. Weiser

Signature _____

Date 7/13/01

Date _____

Residence Merion Pennsylvania PA
City State or Country

Residence _____
City State or Country

Citizenship United States of America
Post Office Address:

Citizenship _____
Post Office Address:

511 Howe Road

Merion Pennsylvania 19066
City State or Country Zip Code

City State or Country Zip Code